



**NOTICE OF INTENT**  
**For**  
**Baseline General Permit to Discharge**  
**Stormwater Associated with Industrial Activity**

Mark only one item

1. ☐ Existing Facility
  2. ☐ New Facility
  3. ☐ Construction Activity
  4. ☐ Change of Information
- Permit No. \_\_\_\_\_

**I. OPERATOR or CONTRACTOR**

Name	
Mailing Address	
City	Zip + 4
Contact Person	Phone #

**II. OWNER/REPRESENTATIVE OF SITE OR FACILITY**

Name	KING COUNTY INTERNATIONAL AIRPORT		
Mailing Address	PO Box 80245		
City	Zip + 4	Seattle, WA 98108	
Contact Person	Phone #	Jeffrey W. Winter (206) 296-7380	

**III. FACILITY/SITE ADDRESS**

Facility Name			
Street Address			
City	Zip + 4	Phone #	
County			

**IV. BILLING ADDRESS:**

<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> Facility/Site <input type="checkbox"/> Other (below)	
Name		
Address		
City	Zip + 4	Phone #

**V. RECEIVING WATER INFORMATION**

**A. Does your facility's storm water discharge to: (check all that apply)**

1. ☐ Storm sewer system—Owner of storm sewer system (name): \_\_\_\_\_
2. ☐ Directly to surface waters of Washington state (e.g., river, lake, creek, estuary, ocean)
3. ☐ Indirectly to waters of Washington state
4. ☐ Directly to ground waters of Washington state: ☐ dry well ☐ drainfield ☐ other

**B. Name(s) of receiving water(s):** \_\_\_\_\_

Initial discharge is to an unnamed receiving water? ☐ Yes ☐ No

**VI. INDUSTRIAL ACTIVITY INFORMATION**

**A. SIC Code(s)**

1.     2.     3.     4.

**B. Type of business**

**C. Industrial activities at facility: (check all that apply)**

- |  |  |   |
|--|--|---|
| 1. <input type="checkbox"/> Manufacturing  | 5. <input type="checkbox"/> Vehicle Storage            | 8. <input type="checkbox"/> Steam Electric Power Generation                       |
| 2. <input type="checkbox"/> Material Handling  | 6. <input type="checkbox"/> Vehicle Maintenance        | 9. <input type="checkbox"/> Scrapyard, salvage, auto recycling, battery reclaimer |
| 3. <input type="checkbox"/> Material Storage   | 7. <input type="checkbox"/> Municipal Sewage Treatment | 10. <input type="checkbox"/> Landfill or Land Application                         |
| 4. <input type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal Facility (RCRA Subtitle C) |  | 11. <input type="checkbox"/> Mining   |
|  |  | 12. <input type="checkbox"/> Other  |

D. Additional Information:	Industrial Facility	Construction Activity
1. Total size of site, acres		
2. Total impervious area (including rooftops), acres		
3. Total area to be disturbed, acres		
4. Projected construction startup and completion dates (Month, Year)		
5. Has a storm water pollution prevention plan been developed? Yes/No		
6. Are storm water discharge data available? Yes/No		
7. Are data available on impact of storm water on water quality or sediments? Yes/No		

## VII. MATERIAL HANDLING/MANAGEMENT PRACTICES

A. Types of materials handled and/or stored outdoors: (check all that apply)		
1. <input type="checkbox"/> Solvents	4. <input type="checkbox"/> Plating Products	8. <input type="checkbox"/> Paints/Coatings
2. <input type="checkbox"/> Scrap Metal	5. <input type="checkbox"/> Pesticides	9. <input type="checkbox"/> Woodtreating Products
3. <input type="checkbox"/> Petroleum or Petrochemical Products	6. <input type="checkbox"/> Hazardous Wastes	10. <input type="checkbox"/> Other Toxics (Please list)
	7. <input type="checkbox"/> Acids or Alkalies	
B. Identify existing management practices employed to reduce pollutants in industrial storm water discharges: (check all that apply)		
1. <input type="checkbox"/> Oil/Water Separator	4. <input type="checkbox"/> Surface Leachate Collection	8. <input type="checkbox"/> Infiltration Basins
2. <input type="checkbox"/> Containment	5. <input type="checkbox"/> Overhead Coverage	9. <input type="checkbox"/> Management BMPs
3. <input type="checkbox"/> Spill Prevention	6. <input type="checkbox"/> Recycling/Source Reduction	10. <input type="checkbox"/> Vegetation Management
	7. <input type="checkbox"/> Detention Facilities	11. <input type="checkbox"/> Other (Please list)

## VIII. REGULATORY STATUS (check all that apply)

A. <input type="checkbox"/> NPDES Permit Permit No. _____	C. <input type="checkbox"/> Air Notice of Construction, Permit, or Order Agency: _____
B. <input type="checkbox"/> State Waste Discharge Permit Permit No. _____	D. <input type="checkbox"/> RCRA Permit Permit No. _____

## IX. STATE ENVIRONMENTAL POLICY ACT (SEPA)

Has SEPA review been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lead agency issuing SEPA document: _____
Type of SEPA document: _____ Date of SEPA document: _____

## X. CERTIFICATION OF PERMITTEE(S)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

For new industrial facilities and for construction activities:

"I also certify that the public notice requirements of RCW 90.48.170 have been met."

Operator's Printed Name: \_\_\_\_\_ Owner's Printed Name: KING COUNTY INT'L AIRPORT

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Title: AIRPORT ENGINEER Date: \_\_\_\_\_

STATE USE ONLY:

NPDES Permit Number:	Region	Date NOI Received	Coverage Date
	<input type="checkbox"/>		